

**Organization name:**

National Council on Problem Gambling

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**Population information:**

The National Council on Problem Gambling is the advocate for programs and services to assist problem gamblers and their families. Problem gambling is a significant public health concern characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences. The American Psychiatric Association defines pathological gambling as: "Persistent and recurrent maladaptive gambling behavior" that meets at least five of 10 criteria.<sup>1</sup>

A meta-analysis of prevalence studies in North America indicates a past-year prevalence rates of pathological gambling in adults of 1.1% and an additional 2.8% were estimated to meet criteria for problem gambling in the past year.<sup>2</sup> In addition to those presenting with the disorder, millions of individuals representing spouses, children, parents, family members, employers, neighbors and the general community are negatively impacted by this disorder.

**Significance of Problem Gambling Issues to Health System Reform:**

Problem gambling is significantly correlated with other risky behavior in adults and adolescents, including substance use and mental health issues. Through comprehensive and integrated interventions that address the entire range of issues affecting an individual, the chances of recovery increases while the need for more intensive, and more expensive, interventions decrease. Only through reform that addresses the need for integrated services and a removal of siloed funding and service provision will health system reform achieve its goal of healthier individuals and lower costs to society.

To demonstrate the interaction of mental health, substance abuse and problem gambling as a catalyst for increased cost and burden to the existing health

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<sup>1</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, DC: American Psychiatric Association; 2000.

<sup>2</sup> Shaffer H, Hall M, Vander Bilt J. Estimating the prevalence of disordered gambling behavior in the United States and Canada: a research synthesis. *Am J Public Health*. (1999) 89:1369-1376.

system, consider the following: Adult problem gamblers are five times more likely to have co-occurring alcohol dependence, four times more likely to abuse drugs, three times more likely to be depressed, eight times more likely to have bipolar disorder, three times more likely to experience an anxiety disorder and have significantly elevated rates of tachycardia, angina, cirrhosis.<sup>3</sup> Between 17% to 24% of members of Gamblers Anonymous and individuals in professional treatment for pathological gambling have attempted suicide.<sup>4</sup>

Speaking to the need for community-based prevention and early intervention, several groups have been found to be at higher risk for gambling problems. Adolescents are one such group, as 2.1% of youth are classified as past-year problem gamblers, and another 6.5% meet two to four criteria for pathological gambling and are therefore considered at-risk for a gambling problem.<sup>5</sup> Adolescents with gambling problems are twice as likely to binge drink and to use illegal drugs and 3 times more likely to be involved with gangs, fights and police.<sup>6</sup> In addition, student behavior surveys have consistently shown that gambling participation is correlated to elevations in all known risk factors, and decreases in all known protective factors, for youth as they relate to substance use and anti-social behaviors.<sup>7</sup>

Other high-risk groups include males (prevalence of problem gambling in men has been found to be 2 to 3 times higher than in women) and racial/ethnic minorities<sup>8</sup>; individuals with a family history of gambling (elevated rates of problem and pathological gambling have been found in twins of males with gambling problems)<sup>9</sup>; veterans<sup>10</sup> and individuals with disabilities.<sup>11</sup>

Individuals with problem and pathological gambling, compared with other gamblers and non-gamblers, had higher rates of receipt of past-year unemployment and welfare benefits, bankruptcy, arrest, incarceration, divorce, poor or fair physical health, and mental health treatment.<sup>12</sup> Based on estimates developed by the National Gambling Impact Study Commission, the National

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<sup>3</sup> Petry, N. Disordered Gambling and Its Treatment. Report to the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse (2008).

<sup>4</sup> DeCaria C, Hollander E, et al. Diagnosis, neurobiology, and treatment of pathological gambling. *J Clin Psychiatry*. (1996) 57:80-83.

<sup>5</sup> Welte, J, Barnes, G, et al. The Prevalence of Problem Gambling Among US Adolescents and Young Adults: Results from a National Survey. *J Gambl Stud* (2008) 24:119-133.

<sup>6</sup> Gealt, R, O'Connell, D. Gambling with Delaware's Kids. Report to the Delaware Council on Gambling Problems (2006).

<sup>7</sup> 2008 Youth Survey, Arizona Criminal Justice Commission (2008).

<sup>8</sup> Cunningham-Williams, RM, Cottler LB, et al. Problem gamblers and mental health disorders-results from the St. Louis Epidemiologic Catchment Area Study. *Am J Public Health*. 1998; 88:1093-1096

<sup>9</sup> Potenza, M. The neurobiology of pathological gambling. *Semin Clin Neuropsychiatry* (2001) 6:217-226.

<sup>10</sup> McCormick, R. Testimony to the US House of Representatives, Committee on Veterans Affairs, March 11, 2008.

<sup>11</sup> Morasco, B, Petry, N. Gambling problems and health functioning in individuals receiving disability. *Disability and Rehabilitation* (2006) 28: 619-623.

<sup>12</sup> Gambling Impact and Behavior Study. National Opinion Research Center, University of Chicago (1999).

Council on Problem Gambling estimates the social cost of gambling problems was \$6.7 billion in 2008, including job loss, bankruptcy, criminal justice costs.

Through the appropriate use of interventions early on to address the myriad of emotional, physical and financial problems created by problem gambling significant reductions in service demand and costs associated with intensive treatment interventions will be realized. By providing therapeutic approaches that are appropriate for problem gamblers and their families, it is hypothesized that recovery rates will increase for a wide variety of health, substance abuse and mental health disorders. Additionally, by providing early interventions, persons who would have otherwise presented for services under the current system may no longer present thereby reducing costs and demand.

### **Future System Needs**

As most Americans gamble, services to prevent and treat gambling problems must be incorporated into health system reform. Community based prevention, mental health promotion, early intervention, treatment and recovery support are all cost-effective and efficient means of addressing problem gambling and other mental health disorders. While the private sector plays a major role in individual medical care, NCPG estimates that 80% of providers refuse to routinely reimburse for a diagnosis of pathological gambling. 25 states currently or anticipate providing public funds for problem gambling treatment, leaving problem gamblers in 25 states and territories with no access to public and little access to private services.<sup>13</sup> Those state agencies that do provide problem gambling services usually do so through their substance abuse or mental health departments, which is likely appropriate given the high co-occurrence of these disorders. Existing infrastructure can be utilized to implement services rapidly, efficiently and effectively.

As problem gambling is integrated into health systems, treatment for pathological gambling may be less expensive than treatment of substance abuse and may provide cost savings for states through improved recovery rates, decreased demand on traditional public sector substance abuse and mental health systems, and a reduction in the social costs generated by untreated problem and pathological gamblers.

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<sup>13</sup> Treatment for Pathological/Problem Gambling and the Role of State Alcohol and Other Drug Agencies, NASADAD, Inc. (2004).